U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



1. File Number U - 17 9301

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

	1/1/2004Through: 12/31/2004
3. Name and address of person filing.	4. Name, file number, and address of labor organization.
Name Kevin L. Starr	Name Luborer's Local 773 Labor Organization File Number 021-127
	P.O. Box, Building and Room Number, if any P.O. Et 1770  Street  1115 E.Mair.  City  Mario V.  State II.  ZIP Code + 4 62959 8//s  pur spouse or minor child directly or indirectly had any of the following interests ne exclusions set forth in the instructions):
A. Held an interest in, engaged in transactions (including loans) w monetary value from an employer whose employees your organisms.	
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name	
Trade Name, if any:	

## Signature

ZIP Code + 4

7.b. Amount.

	Oig.idta.c		
15. Signature and verification. The undersigned declares, under p submitted in this report (including the information contained in any ac undersigned's knowledge and belief, true, correct, and complete. (S)	ccompanying docui	ments), has been exami	ned by the signatory and is, to the best of the
Signed JCL. Sta	On	<u>8-15-05</u> Date	4:18-993-5773 Telephone Number

Street

City

State

P.O. Box, Bldg., Room No., if any

. 1.	
Name of Person Filing Kevin L. Starf	File Number U-
B. Held an interest in or derived income or economic benefit with monetary valus ubstantial part of which consists of buying from, selling or leasing to, or otherword an employer whose employees your labor organization represents or is actively any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	vise dealing with the business ely seeking to represent, or irectly to, or otherwise
Name and address of Business (including trade name, if any).	9. Business deals with:
Name Muthony C. Romolo Training (outer Trade Name, If any:	a. Labor Organization  (b.) rust
P.O. Box, Bldg., Room No., if any	c. Employer
Street Rural Route 3  City Mt. Sterling  State Illinois  ZIP Code + 4 62353	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name Avittony C. Romala Training Content Trade Name, if any: P.O. Box, Bldg., Room No., if any	Training
Street Kural Route 3	11.b. Approximate dollar value of such dealing.
city Mt. Starling	12.a. Nature of interest held or income received.
State Illinois ZIP Code + 4 62353	Food & Room
	12.b. Amount. 80 50
C. Received from any employer (other than an employer covered und or from any labor relations consultant to an employer any payment of mone	der parts A and B above) by or other thing of value.
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
Name	

13.a. Name and address of Employer or l (including trade name, if any).	abor Relations Consultant		14.a. Nature of payment.
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street			
City			
State	ZIP Code + 4		
13.b. Is the Business an Employer	or Consultant	?	14.b. Amount of payment,

Name of Person Filing Kevin L. Starr	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary valus ubstantial part of which consists of buying from, selling or leasing to, or otherw of an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	se dealing with the business ly seeking to represent, or ectly to, or otherwise	
8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name Cevitral Laborers' pension, Welfare of Humaity Frances Trade Name, if any:  P.O. Box, Bldg., Room No., if any A.D. #1267	a. Labor Organization  (b) Trust  c. Employer	
Street		
City Jackson. Ville		
State Illinois ZIP Code + 4 62651		
10. If 9.b. or 9.c. is checked give trust or employer's name.  Name Cevitrul Latinacess' Pevision, welfare of Whomist Founds  Trade Name, if any:  P.O. Box, Bldg., Room No., if any P.O. # 1267	11.a. Nature of such dealing.	
Street	11.b. Approximate dollar value of such dealing.	
State Illicois ZIP Code + 4 L76 51	12.a. Nature of interest held or income received.  Meals que Refreshments	
	·	

C. Received from any employer (of or from any labor relations consultant to	her than an employer cover o an employer any payment o	ed unde f money	r parts A and B above) or other thing of value.
13.a. Name and address of Employer or (including trade name, if any).	Labor Relations Consultant		14.a. Nature of payment.
Name			
Trade Name, if any:		ļ	
P.O. Box, Bldg., Room No., if any		!	
Street			
City			
State	ZIP Code + 4		
13.b. Is the Business an Employer	or Consultant	?	14.b. Amount of payment.

12.b. Amount.

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Southern Illinois LECET

Trade Name, if any: LECET

P.O. Box, Bldg., Room No., if any P.O. Box 1240

Street

city Marien

State Illinein

ZIP Code + 4 62 9 59

9. Business deals with:

a. Labor Organization

(b.)Trust

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name | FCET

Trade Name, if any: 1 FOFT

P.O. Box, Bldg., Room No., if any PO. Box 1240

Street

City Marion

State Illinesia

ZIP Code + 4 62959

Laborers - Europhyers Cooperation and Education trugt (LECET) Secures projects and Jobs, Increasing Union-Sector market Share, vidvertises their services, developes a workforce, and advances shared market rdated Interests.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

Participated in Fellowship of Christian Withleres Golf tourament In which LCCET paid for.

12.b. Amount.

14.a. Nature of payment.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

ZIP Code + 4

13.b. Is the Business an Employer

or Consultant

?

14.b, Amount of payment.

Form LM-30 (2003)

Name of Person Filing Kevin L. Stavv	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary value substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is actively any part of which consists of buying from or selling or leasing directly or including with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or  Jirectly to, or otherwise	
8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name Southern Illinois Laborers de Employers Arinvity Fund Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street 2035 Washington Whe.	a. Labor Organization  (b.) rust  c. Employer	
City Cairo		
State Illiusis ZIP Code + 4 67914		
10. If 9.b. or 9.c. is checked give trust or employer's name.  Name  Trade Name, if any:	11.a. Nature of such dealing.  Annuity Fund  ERTSA Fund	
P.O. Box, Bldg., Room No., if any		
Street	11.b. Approximate dollar value of such dealing.	
City State ZIP Code + 4	12.a. Nature of interest held or income received.  Tri Funds Conferunce  Hirfare / Hotel / Meals  Taxis / Barking	
	12.b. Amount. 16.76 13	
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
Name		

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
Name :	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	
City	
State ZIP Code + 4	·
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Southern Illinois Laborers 4
Employers Unnuity Fund
Trade Name, frany:

P.O. Box, Bldg., Room No., if any

Street 2635 Washington Mrc.

City (airo

State Illinois

ZIP Code +4 62 CITY

9, Business deals with:

a. Labor Organization

(C) Trust

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Southern Illinois Laborers de Graphogers Munuity Fund Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 2035 Washing for Muc.

Catro

State Illinois

ZIP Code + 4 629 14

11.a. Nature of such dealing.

Annoity Fond ERISH Fund

11.b. Approximate dollar value of such dealing.

11/2004 12.a. Nature of interest held or income received. Center for working (april) Capital Steward ship Training / Hirfare/Hotel / taxi's/parking

14.a. Nature of payment.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

13.b. Is the Business an Employer ye5 or Consultant

Name Lakin Law Fire

Trade Name, if any: Law Fire Im

P.O. Box, Bldg., Room No., if any

Street 301 Evans Hve.

city Wood river

State Illinois

ZIP Code + 4 62 095

14.b. Amount of payment.

Omaha Steak-S

Hotel Room 2 nights Pheasant Hunt

14.b. Amount of payment.

34365

substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
Name and address of Business (including trade name, if any).	9. Business deals with:	
Name	a. Labor Organization	
Trade Name, if any:	b. Trust	
P.O. Box, Bldg., Room No., if any	c. Employer	
Street City		
State ZIP Code + 4		
10, If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street	11.b. Approximate dollar value of such dealing.	
City	12.a. Nature of interest held or income received.	
State ZIP Code + 4		
	12.b. Amount.	
C. Received from any employer (other than an employer covered undo or from any labor relations consultant to an employer any payment of money		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.  5 outhern & Central Illinois	
Name Lakin Law Firm	Laborers District Council	
Trade Name, if any: Law Fire	Mnnual Hunt Friday Lunch & Dinner Saturday Breakfast, Lunch, Dinner	
P.O. Box, Bidg., Room No., if any	Friday Lunch & Dinner Dinner	
Street 301 Evans Hue.	Saturday Directory, Comen,	

ZIP Code + 4 62 095

?

or Consultant

city Woodriver

13.b. Is the Business an Employer 405

State Illinois